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THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

ORGANIZATIONAL CHANGE READINESS ASSESSMENT

- submitted by Rice C. Leach, MD, Commissioner, Department for Public Health

The Cabinet for Health Services recently conducted an employee survey to determine the extent to which the cabinet is ready to address change. Members of the Department for Public Health were asked to answer questions and make comments on a variety of topics. The results of the survey and the comments were heavily weighted toward anxiety and complaining about the need to change and a relatively significant perception that management does not ensure adequate communication with those who actually do the work. The following is a memorandum I sent to all staff. I share it with our readers for your use as your organization faces rapid change.

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Results and comments from the "Organizational Change Readiness Assessment" were provided to me for our use. As I read through the materials I made sure to consider the following:

☞ We don't have a baseline from 1992.
☞ We have no interim data points for 1993, 1994, 1995, 1996 so we don't know whether this score represents improvement, decline, or no change.
☞ It is not clear whether these comments apply to section chiefs, branch chiefs, division directors, the commissioner, the secretary, the governor, or all of the above to some degree.
☞ We do not know who responded and who declined to respond.
☞ We do not know if this is a representative sample of all DPH staff or whether it is biased toward those most ready to accept change or those most resistant to change.
☞We do not know how the overall scores apply to other departments of health facing the same kind of unprecedented profound and rapid change with so little time to adapt.

As I read through the comments I saw that **lack of communication** and frustration with **constant change** are the recurring themes.

Constant Change:
There is not much a commissioner can do about constant change since so much of it is driven by outside forces over which the department has little control. Change is being forced on us by a public that is reluctant to ask state and national legislators to raise more tax revenue until it sees government producing different results. We are being forced to change by a different

procurement system, by new state and federal statutes, by declining federal funding, by changing federal and state reimbursement rates, by the privatization of Medicaid in areas with and without partnerships, and by tight money. Finally, we are being asked to change by our customers: the district and local health departments, the people and businesses we regulate, by the other health care providers with whom we must interact, and even by our patients in some cases. The organizational changes that have taken place in the last year were, in my judgment, the best way to refocus public health on the population, to retain a public health presence, to ensure population outcomes in the changing world of Medicaid, and to avoid a situation in which even more of the public health resources were redirected to the private sector. For those who don't keep up with these things, public health departments are reducing or eliminating clinics all across the United States. Fort Myers, Florida contracted out its clinics so it could focus on public health issues and Alabama has lost 1200 of its 3000 home health nursing positions since February 1998!

Lack of Communication:
There is so much mention of poor communication that I am convinced that the word is not getting from my office to staff and from staff to my office. General staff meetings, frequent articles in *The Local Health Link*, and weekly management meetings do not seem to be up to the task of ensuring two way communications. For those who try to get the word out, rest assured that I know that there are some folks who attend discussions of an important issue and later claim "no communication" and that there are some who aren't going to change no matter how many times they hear the message. Still, there has to be a better way and I think there is.

Toward Improved Communication:
I have been here nearly six years and I can count on both hands the number of times I have been invited to a division staff meeting without making the request first. I want to change that starting in July by asking to meet with each **Division in a 90 minute session with ALL your staff.** Division Directors: I will need 30 minutes to present the current status of our relationship with the county health departments. Prior to the meeting, I expect you and your staff to have reviewed the Public Health Improvement Plan, the Governor's Conference on the Future of Public Health Proceedings book, and the last several issues of *The Local Health Link* for the purpose of "data in." You don't have to do it in a group (although a group discussion of these documents might be a good idea) but you do have to have reviewed them. That approach will leave 60 minutes for us to discuss staff concerns about how we should take the next steps in implementing the changes that have begun.

ACH Anecdotes

Child Support and Child Health Divisions Team Up: *Promote acknowledgment of paternity* - Families and Children's Division of Child Support Enforcement and Health Services' Division of Adult and Child Health have teamed up to benefit children born to unmarried parents.

More that 3,000 letters and information packets were mailed to health care professionals statewide, including local health departments. They are asked to make information on voluntary acknowledgment of paternity a part of routine services provided to unwed parents.

It is important to establish paternity of the baby at birth, because the chances of doing so decline as the child grows older. Also, children born to unwed mothers are more likely to live a life of poverty.

Making paternity services readily available is an important step in providing the best possible opportunities for each child's future.
- excerpted from "The Pipeline" article submitted by Kathy Adams, CFC's Division of Child Support

Central Office Comments

Forewarned is Forearmed: Two items concerning abuse of technology and communications have surfaced recently. These warnings should be shared with all staff.

Hoax Viruses:
In the past few weeks, there has been a large circulation of HOAX Virus messages throughout the state e-mail system and the Department for Information Services (DIS) has received many inquiries concerning them. Even though those responsible for sending these notes have good intentions, thousands of unnecessary e-mail messages have passed through the e-mail system. Following is a list of the more common virus hoaxes being passed around:
A.I.D.S. Virus Hoax
AOL4Free Hoax
Baby New Year Hoax
BUDDYLIST.ZIP Email Hoax
Deeyenda Hoax
Ghost.exe Hoax
Good Times Hoax
Irina Hoax
Join the Crew Hoax

A Moment of Silence Hoax
Penpal Hoax
Returned or Unable to Deliver Hoax
Valentine's Greeting Hoax
WIN A HOLIDAY - Email Hoax
If you receive an e-mail message about a virus, please visit the following web site to determine if the virus is a hoax: http://www.nai.com/services/support/hoax/hoax.asp.

Telephone Scam:
Recently staff received a telephone call from an individual identifying himself as an AT&T Service Technician who was running a test on our telephone lines. He stated that to complete the test we should touch nine (9), zero (0), pound sign (#) and hang up. Luckily, we were suspicious and refused. Upon contacting the telephone company we were informed that by pushing 90#, you end up giving the individual who called you access to your telephone line and allows him to place a long distance telephone call, with the charge appearing on your telephone bill. We were further informed that this scam has been originating from many of the local jails/prisons. We have verified with UCB Telecomm that this actually happens.

Please beware. This sounds like an Urban Legend - IT IS NOT!!! We called GTE Security this morning and verified that this is definitely possible and DO NOT press 90# for ANYONE. It will give them access to your phone line to make long distance calls ANYWHERE!!! The GTE Security department told us to go ahead and share this information with EVERYONE WE KNOW!!!

Could you PLEASE pass this on. If you have mailing lists and/or newsletters form organizations you are connected with, we encourage you to include this information.

Epi Epistles

Salmonella Update:
Disease outbreaks involving widely distributed foods are a significant public health issue, and require the efforts of many public health workers for an adequate response. The current multistate investigation of Salmonella agona infections associated with toasted oat cereals is an example. The investigation is ongoing, and has identified approximately a dozen potential Kentucky cases to be investigated. In Kentucky, this investigation has already involved at least the following: Holly Coleman, Steve Harris and Eloise Beebout of the Lexington-Fayette County Health Department; Diane Franconia, Tina Fauth and Dr. Garrett Adams of the Louisville-Jefferson County Health Department; Steve Midkiff - Rockcastle County Health Center; Karim George, Greg Crane, Meloney Russell, Roger Maxwell, Angela Carter of the Department for Public Health (DPH) Division of Laboratory Services; John Draper, Guy Delius, and Anita Travis of DPH Food Branch in the Division of Public Health Protection & Safety; Dr. Mike Auslander and Pat Beeler of DPH Surveillance and Investigations Branch in the Division of Epidemiology & Health Planning (DEHP); Peggy Wright and Dr. Clarkson Palmer, DPH DEHP Communicable Disease Branch; and Dr. Glyn Caldwell, Director of DPH DEHP. Appreciation to all and apologies to any names left out.
- submitted by Dr. Clarkson Palmer, Division of Epidemiology & Health Planning

Kentucky Behavioral Health Risks:
(Highlights of the Behavioral Risk Factor Surveillance & Youth Risk Behavior Survey - 1997)
This report provides data about specific personal behaviors that directly affect the health of the population and contribute to the leading causes of death and disease. The information was derived from two studies: Kentucky Behavioral Risk Factor Surveillance System (BRFSS) and Kentucky Youth Risk Factor Surveillance (YRBS). Funding and technical assistance for both of these projects is provided by the Centers for Disease Control and Prevention. The BRFSS is an on-going monthly surveillance of Kentuckians age 18 and older to determine the prevalence of risk factors relating to chronic disease. These monthly data are compiled to yield an annual report of results and the information presented here is from the 1997 prevalence reports prepared from a sample of 3,600 respondents. Data from the YRBS was collected in 1997 from over 1,400 ninth through twelfth grade students. The YRBS is normally administered every other year.

The data presented in this report does not reflect all of the information from either of these studies; however, these are the only areas where the data were found to be comparable.

Safety Belt Use:
Always wearing a safety belt was reported by 65.3% of adults (age 18 and older) when driving or riding in a car and the percent of youths who always wear a seatbelt when riding in a car driven by someone else was 30.6%. Males in both age groups were twice as likely as females to report never or rarely wearing a seatbelt; adults (males - 11.5%, females - 4.4%) and students (males - 31.2%, females - 15.5%).

Alcohol Use:
More adult males than females

(42.9% compared to 25.3%) reported having had alcoholic beverages in the past month. Of the total adult population, 33.6% responded they had an alcoholic beverage in the past month. This compares to 59.1% of the youth who responded they had consumed alcohol in the past 30 days. Again, more male students (53.8%) drank alcohol on one or more of the past 30 days, compared to female students (44.5%).

Binge Drinking:
Binge drinking is defined as having five or more drinks on one or more occasions in the past month. Binge drinking was higher in the youth population (37.1%) than in the adult population (9.3%). Male students were one-third more likely than female students to binge drink (43.4% compared to 30.4%).

Drinking and Driving:
In the adult population, .6% reported drinking and driving compared to 15.8% of youth. Male students were twice as likely as females to report driving when they had been drinking alcohol (21.1% versus 10.1%, respectively).

Tobacco Use:
Of the adult population, 30.7% are considered to be current smokers. Forty-seven percent (47%) of the students smoked cigarettes on one or more of the past thirty days. On the days they smoked, 36.4% of students smoked 2 or more cigarettes per day.

Sexual Behavior:
Of adult Kentuckians, age 18-64, 56.8% responded they used a condom for protection and 59% of sexually active students used a condom during the last sexual intercourse.

Nutrition:
The response of adult males when asked if they consumed three or more servings of vegetables daily over the past week was higher than for females. The prevalence for males was 11.1% and 9.3% for females. For males in the student population who were asked if they consumed three or more vegetables since yesterday, the response was 4.4% and for females 2.4%.

Physical Activity:
Only 35.5% of adult Kentuckians reported they exercised three or more days per week for 20 minutes or more whereas 59.7% of the student population reported they regularly engaged in such activity. Although the prevalence was virtually the same for males and females in the adult population (36.2% for males and 34.9% for females) there was a marked difference in the student population (71.0% for males and 48.5% for females).

For additional information and/or copies, please contact Karen Asher, BRFSS Coordinator, KY Department for Public Health at 502-564-3418.
- submitted by Karen Asher, Division of Epidemiology & Health Planning

Lab Lines

New Developments in the Mycobacteriology Laboratory:
The evolution of testing methods has resulted in some changes in the state Public Health Mycobacteriology Laboratory. Three major changes are being announced effective May 29, 1998: a new specimen submission kit, the availability of a powerful new procedure, and a new grading system for acid-fast smears.

New Mycobacteriology Specimen Kits
Effective immediately, all requests for mycobacteriology specimen submission kits will be filled with a new kit consisting of a sterile 50 ml centrifuge tube, a new mailer, and a submission form. The new tube will allow the laboratory to more efficiently process sputa, and should be safer, as they are plastic, unlike the current vials. The specimen is to be collected directly into the centrifuge tube and the cap of the tube tightened securely. New mailers are being sent to accommodate the size of the centrifuge tube; the submission form is unchanged.

Please use up any specimen kits on hand before using the new ones.

Amplified MTD Testing
Effective immediately, the Division of Laboratory Services will offer the Amplified MTD Test for the rapid detection of *Mycobacterium tuberculosis*. However, the test is only approved for a narrow range of applications. Specifically, the FDA has only approved the test for use with acid-fast bacillus smear-positive, concentrated sediments prepared from sputum, bronchial specimens, and tracheal aspirates from patients who have not previously received any anti-tuberculosis drug therapy, have received fewer than seven days of such therapy, or who have not received such therapy within the last twelve months. We cannot yet accept urine specimens for this test, as the FDA has not yet approved it for that application. Due to the high cost of the MTD procedures, this test is only offered for the evaluation of patients being treated in Kentucky.

If we observe acid-fast organisms in a smear from a patient not previously know to be positive for *M. Tuberculosis*, we will request information concerning any treatment the patient may have received when we call you with the smear result. If the patient meets the specimen

suitability criteria outlined above with respect to treatment history, an MTD test will be run on the specimen as part of our standard protocol.

Results of the MTD test will be telephoned as soon as possible and the specimen will routinely be cultured. Please note that false negative and false positive results may occur with the MTD test.

Change in Reporting of Smear Results:
In order to comply with recommended standards for reporting acid-fast smears, we will begin using a different reporting method on May 29, 1998. Smear results will be reported as No AFB (Acid-Fast Bacilli) Observed, 1+, 2+, 3+, or 4+.

For clarification of the new reporting system, or if you have questions concerning any of these changes, please call the Mycobacteriology Laboratory at (502) 564-4446.
- submitted by Donna Clinkenbeard, Division of Laboratory Services

Staff Spotlight

Top Environmental Issues Identified:
On June 11, 1998, the environmental subcommittee of the Northern Kentucky Community Health Committee identified the top environmental health issues in Northern Kentucky. The top two issues are Indoor and Outdoor Air Quality and Surface Water Quality. A plan for community action will be a part of the *Community Health Plan* due to be completed in 1999. Heart disease, cancer, and diabetes are the other issues to be included in the health plan.

Other priority environmental issues identified were, in order of ranking: (3) Ground Water and Drinking Water, (4) Land Use and Planning, (5) Flooding Due to Hydromodification, (6) Residential Lead Exposure, and (7) Illegal and Open Dumping. The environmental subcommittee is using a pilot program developed by the National Association of County and City Health Officials (NACCHO) called the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). The Northern Kentucky Health Department was one of only 10 local health departments chosen nationwide to pilot the PACE-EH program.

The Community Health Committee was appointed by the Northern Kentucky Board of Health to assess the health priorities, develop a plan, and oversee the implementation of the *Community Health Plan.*
- submitted by Peggy Patterson, Northern Kentucky Independent District Health Department

Training Tidbits

HOLD THE DATE: Coming to a conference center near you is the 'Southern Communities for Tobacco Free Kids: A Videoconference for Youth Leaders'. It is scheduled for August 11, 1998 from 10:00 a.m. to 5:00 p.m.

A day long distance learning experience for leaders working with youth and youth coalitions. The format includes presentations by nationally known experts as well as information on state and local programs. Mark your calendars and plan to attend. Locations in your area are presently being secured and a complete listing of all sites along with registration information will be forwarded to you shortly. Any questions, please call Todd Warnick at 502-564-7996.

Video/Audio Tapes ALERT: If you have any outstanding video or audio tapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:
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